



AMENDMENT TRANSMITTAL LETTER			DOCKET NUMBER: 066661-017 (P-IS 4369)	
SERIAL NO: 09/748,783	FILING DATE: December 26, 2000	EXAMINER: C. Mahatan	GROUP ART UNIT: 1631	
INVENTION: RAPID AND QUANTITATIVE PROTEOME ANALYSIS AND RELATED METHODS				

TO COMMISSIONER FOR PATENTS

RECEIVED

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CERTIFICATE OF MAILING BY "EXPRESS MAIL"
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I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING
DEPOSITED WITH THE UNITED STATES POSTAL SERVICE
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37 C.F.R. 1.10 ON THE DATE INDICATED ABOVE, AND IS
ADDRESSED TO: COMMISSIONER FOR PATENTS WASHINGTON, D.C. 20231.

Susan Fay L. Francisco

(TYPED OR PRINTED NAME OF PERSON MAILING PAPER OR FEE)

Susan Fay L. Francisco

(SIGNATURE OF PERSON MAILING PAPER OR FEE)

Transmitted herewith is a Response to the Office Action mailed December 17, 2002, in the above-identified application.

- X Small Entity status of this application has been established under 37 CFR 1.27.
- X Appendix A.
- X Petition for One-Month Extension of Time is enclosed (in duplicate).
- ___ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- ___ No additional claims fee is required.
- ___ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	68	-	47	-	21	x	\$9	\$18	=	\$189	\$
INDEPENDENT CLAIMS	5	-	4	-	1	x	\$42	\$84	=	\$42	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			___ YES		___ XX NO		\$140	\$280	=	\$0	\$
							TOTAL ADDITIONAL FEE			\$231	\$

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBERp PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

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Inventor: David R. Goodlet
Serial No.: 09/748,783
Filed: December 26, 2000
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X Please charge my Deposit Account No. 502624 the amount of \$286.00, \$55.00 of which covers the fee for a one-month extension of time and \$231.00 which covers the additional claims fee. A duplicate copy of this sheet is enclosed.

 A check in the amount of \$ is enclosed, \$ of which covers the fee for a -month extension of time.

X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.

X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



Deborah L. Cadena
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4370 La Jolla Village Drive
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San Diego, California 92122
858-535-9001

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